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T-587 P.001/003 F-209

North Shore LIJ North Shore
University Hospital

North Shore - Long Island Jewish Health System

300 Community Drive
Manhasset, New York 11030
516 562-1795

Department of Radiology

TELECOPIER TRANSMITTAL COVER SHEET
PLEASE DELIVER THE FOLLOWING MATERIAL AS SOON AS POSSIBLE

TO: EXAMINER PHILIP GRAY, GROUP 3767

FAX: 571-273-8300

FROM: ERIC J. GANDRAS, M.D.

TELEPHONE #: 516-562-2979

TO: COPIES: 3 including cover

MESSAGE: RE: POWER OF ATTORNEY
+ REQUEST FOR PHONE
INTERVIEW

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

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PTOL-413A (08-08)
Approved for use through 03/31/2007. OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Applicant Initiated Interview Request Form

Application No.: 10/716853 First Named Applicant: ERIC J. GANDRAS
Examiner: PHILIP GRAY Art Unit: 3767 Status of Application: FINAL REJECTION

Tentative Participants:

(1) BRUCE A. LEV (2) _____

(3) _____ (4) _____

Proposed Date of Interview: 5/18/07 Proposed Time: 11 (AM/PM)

Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior	Discussed	Agreed	Not Agreed
(1) <u>REJ.</u>	<u>37-44, 46-51</u>	<u>Art ENGELSON</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) _____	<u>53-57</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	<u>59-64</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Continuation Sheet Attached					

Brief Description of Arguments to be Presented:

The differences in ENGELSON'S TIP AND MY INVENTION
ARE CLEARLY, DISTINCTLY DIFFERENT - TO BE DISCUSSED

An interview was conducted on the above-identified application on _____.

NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Typed/Printed Name of Applicant or Representative

Registration Number, if applicable

ERIC J. GANDRAS - power of attorney
58,594
TRANSFERRED ALONG WITH THIS FORM TO THIS #

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.